

STATE OF MICHIGAN JUDICIAL CIRCUIT COURT COUNTY	PETITION AND EX PARTE ORDER FOR TRANSPORT AND/OR TEMPORARY DETENTION	CASE NO.
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In the matter of _____

PETITION

1. I, _____, am a ☐ local health officer
Name (type or print) ☐ State Community Health Department representative and make
 this affidavit in respect to, _____, who is ☐ a minor
Name (type or print) ☐ an adult and who resides in
 _____ County at _____
Address City
 _____ and who is presently found at _____
State Zip Address, location, or facility

2. An emergency exists and there is reasonable cause to believe that the individual is a carrier and a health threat to others for the reasons stated in the attached affidavit.

I REQUEST:

- ☐ 3. the individual be taken into custody and transported to _____,
Name of facility
 an emergency care or treatment facility, for ☐ observation. ☐ examination. ☐ testing. ☐ diagnosis. ☐ treatment.
- ☐ 4. the individual be detained temporarily at the facility and a hearing be held within the next 72 hours to determine whether temporary detention should continue up to five days, and longer if a petition for treatment of an infectious disease is filed within that five days.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

 Date

 Signature

 Address

 Name (type or print)

 City, state, zip Telephone no.

ORDER

THE COURT FINDS:

5. An affidavit has been filed in compliance with Section 5207 of the Public Health Code.
6. Reasonable cause exists to believe that there is a substantial likelihood the individual is a carrier and a health threat to others.

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

7. There is an emergency which requires the protection of public health.

IT IS ORDERED:

- ☐ 8. The individual be taken into protective custody by a ☐ community health department representative ☐ local public health officer ☐ peace officer and transported to _____ ,
Name of facility
or to another appropriate emergency care or treatment facility, for
☐ observation, ☐ examination, ☐ testing, ☐ diagnosis, ☐ treatment, and ☐ temporary detention.
- ☐ 9. The _____ facility shall detain the individual
Name of facility
for no longer than 72 hours, excluding Saturdays, Sundays, and legal holidays, unless otherwise ordered by the court.
- ☐ 10. The person transporting the individual shall promptly notify the court of the facility where the individual has been received and temporarily detained.
11. A copy of this order shall be served upon the individual immediately upon apprehension or detention.

Date

Judge

Bar no.

CERTIFICATE OF SERVICE

I certify that immediately upon apprehension/detention of the individual, I personally served on him/her a copy of the this petition and order.

Date

Signature

Title

NOTICE OF TIME OF TEMPORARY DETENTION

TO THE CIRCUIT COURT:

You are notified that the individual was detained at _____
Place and location
on _____ at _____ m.
Date Time

Date

Signature

NOTE: This notice must be promptly filed with the circuit court.